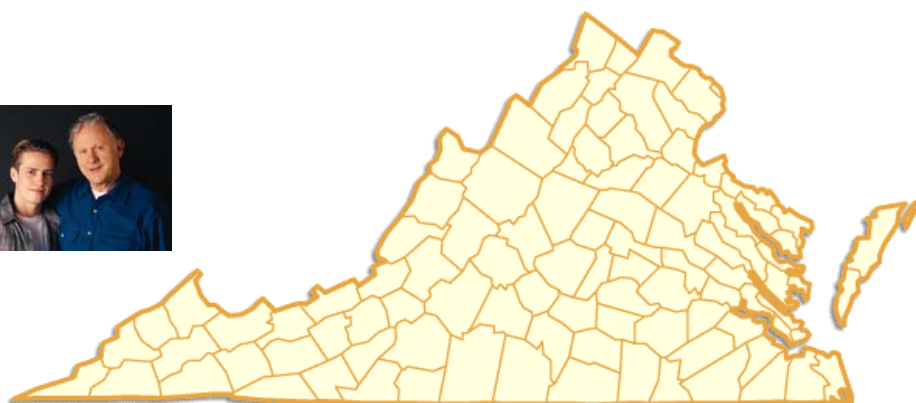


MR Family Survey 2006



MARCH 2007

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P.O. Box 1797
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TABLE OF CONTENTS

I.	EXECUTIVE SUMMARY.....	2
II.	BACKGROUND	4
III.	METHODOLGY	4
	<i>A. Instrument</i>	<i>4</i>
	<i>B. Survey Dissemination and Sample</i>	<i>5</i>
IV.	RESULTS	6
	<i>A. Consumer/Family Characteristics</i>	<i>6</i>
	<i>B. Additional Descriptive Data</i>	<i>8</i>
	<i>C. Domain Outcomes</i>	<i>9</i>
	<i>D. Quality of Life</i>	<i>14</i>
	<i>E. Demographics and Domain Satisfaction</i>	<i>15</i>
V.	IMPLICATIONS & RECOMMENDATIONS	18
	<i>A. Conclusion.....</i>	<i>18</i>
	<i>B. Dissemination Method.....</i>	<i>18</i>
	<i>C. Limitations.....</i>	<i>19</i>
VI.	APPENDIX	20
	<i>2006 Survey Instrument</i>	<i>21</i>

LIST OF TABLES

Table 1:	Survey Responses by CSB	5
Table 2:	Results of Demographic and Categorical Questions.....	7
Table 3:	Stability of Living Situation and Employment Status.....	9
Table 4:	Data on Indicator Questions by Domain	11
Table 5:	Statistics and Percentage of Satisfied Respondents on Domains	14
Table 6:	Quality of Life data	14

LIST OF FIGURES

Figure 1:	Domain Satisfaction by Race/Ethnic Identity.....	15
Figure 2:	Domain Satisfaction by Age Range.....	16
Figure 3:	Domain Satisfaction by Health Planning Region.....	17

I. EXECUTIVE SUMMARY

The Virginia Department of Mental Health, Mental Retardation, and Substance Abuse Services identified family satisfaction, and perceptions of Community Service Boards' (CSBs), Behavioral Health Authorities', and service providers as a performance measure to be assessed on an annual basis. The Department administered its sixth annual statewide survey of family satisfaction with CSB mental retardation services in 2006. The family satisfaction survey was designed to measure family perceptions of community-based services in the following domains: Family Involvement, Case Management Services, Choice and Access, Healthy and Safe Environment, and Service Reliability.

Response Rate and Sample Size:

- A total of 1,251 usable surveys were returned from thirty-seven CSBs, almost 230 less than last year. Data from three CSBs were not analyzed, because it was not returned in time, or was unusable.
- The estimated statewide response rate was 12.3%.
- The number of completed surveys received per CSB ranged from 2 to 97. Almost every CSB saw a drop in their individual return rate, although most had an increase in the number of adults with intellectual disabilities who received case management services.
- Response rates (*n*) vary from question to question, because respondents do not always complete all the questions or forget to fill out the back page of the survey. The missing data on individual questions also resulted in low counts for the domain scores.

Demographics:

- Of the sample, 54.8% were male, 68.7% were identified as White Non-Hispanic, and 24.3% were African-American Non-Hispanic.
- Approximately 58% of the individuals completing the survey were between 23 and 59 years of age.
- Nearly 63% of the respondents indicated that they were the parent of the person with intellectual disabilities, 17.5% said they were the brother or sister, and 7.2% indicated that they were the provider.
- Slightly less than 92.9% of the sample received Medicaid.

Domain Scores:

- Close to 90% responded positively on the Family Involvement domain. This was an increase of about four percentage points from 2005 and points to an area of improved satisfaction.
- In 2006, about 96% of the respondents had a positive perception with regard to the Choice and Access domain, slightly higher than the 93% satisfied in 2005.
- About 99% reported positively in the Case Management domain. This score is similar to 2005, where 97% of the sample reported satisfaction with case management services.
- Approximately 39% responded positively on the Service Reliability domain, close to the satisfaction rate in 2005.

- Almost 99% of the respondents positively rated the Healthy and Safe Environment domain. This domain has consistently been the highest area of satisfaction since the survey's inception.

Conclusions

Overall, the majority of family members/guardians of individuals with intellectual disabilities (the "focus person") continue to report positive opinions and perceptions of the services received through CSBs.

- About 75% of respondents agreed that services provided to the person with intellectual disabilities have helped the person reach planned goals over the past year.
- For overall quality of life, about 46% felt that the person with intellectual disabilities was better off this year. Nearly 93% felt that the person with intellectual disabilities had progressed "better than expected" or "remained the same."
- In the Family Involvement domain, 93.6% reported that the services provided to the focus person helped relieve stress on the family. The lowest scoring item in this domain asked if the respondent was able to choose the support staff that work directly with the focus person, with only 42.4% reporting satisfaction with this.
- In the Choice and Access domain, nearly 81% of respondents said they were satisfied with the services and supports currently received by the focus person. On this domain, 62.8% to 96.2% reported satisfaction.
- Once again, Service Reliability continued to be a source of dissatisfaction. This included areas such as support staff and case manager turnover. It was the lowest rated domain and is indicative of an area in need of improvement.

Limitations

The number of surveys received from CSBs ranged from 2 to 97, making it difficult to analyze data at the CSB level. Results of this survey reflect the opinions of only those family members/guardians who had an adult family member with intellectual disabilities receiving case management, and chose to complete the survey. Finally, because the survey is a cross-sectional design, these findings reflect the views of family members/guardians only at the time of the survey. Opinions and attitudes are subject to change over time and are captured on a point in time annually. Despite these limitations, the outcomes from this survey contribute a greater understanding of family member/guardian perceptions about publicly funded mental retardation services. The survey outcomes will continue to be important contributions towards identifying areas of improvement for the CSBs for both Waiver and non-Waiver services.

II. BACKGROUND

The Virginia Department of Mental Health, Mental Retardation, and Substance Abuse Services (DMHMRSAS) has identified family satisfaction and perceptions of Community Service Boards' (CSBs) and Behavioral Health Authorities' services as a performance measure to be assessed on an annual basis. DMHMRSAS administered its sixth annual statewide survey of family satisfaction with CSB mental retardation services in 2006. DMHMRSAS completed the first family/guardian survey for individuals with intellectual disabilities in 2000. The Mental Retardation Services Survey 2000 was originally based on surveys developed through the National Core Indicators Project (NCI). DMHMRSAS participated in the NCI from 1997 through 1999. This participation has provided Virginia with direct access to the work of the National Association of State Directors of Developmental Disabilities Services (NASDDDS) and the Human Services Research Institute (HSRI), including data collection instruments. Since then, the survey has been conducted every year since 2002 under the name "Mental Retardation Services Family Satisfaction Survey." The questionnaire underwent minimal revisions in 2005 and the 2006 survey follows that same version. This year, data will no longer be compared to that obtained by the NCI due to inability to perform risk adjustments needed for comparison.

III. METHODOLOGY

A. Instrument and Analysis

The instrument used for this project is a 35-item questionnaire based in part by surveys developed by the National Core Indicators Project (NCI). The family satisfaction survey was designed to measure family perceptions of community-based services in five areas (domains) as well as a separate section on the overall quality of life improvement of the person with intellectual disabilities, referred to here as the "focus person." The survey includes six demographic/categorical questions, 24 individual questions that comprise five domain subscales, and five additional questions that ask about quality of life, employment, residential status, and other services received.

All survey data was hand-entered into an Excel spreadsheet and then statistically analyzed using SPSS software. A number of procedures and steps were used during the analysis procedure and will be discussed where applicable in the sections below.

B. Survey Dissemination and Sample

The questionnaire was administered to family members/guardians of an adult with intellectual disabilities who received case management services from a CSB for at least 12 months or more prior to the survey's dissemination, referred to here as the focus person. The focus person may be receiving other CSB services, such as respite care. Children and adolescent's families were not included in the survey since the instrument has not been validated for use with individuals under 18. Surveys were distributed to the

family member/guardian during an annual planning meeting, with directions to complete the form after the meeting and return by mail in the enclosed envelope. Case managers were encouraged to emphasize the importance of the survey to family members/guardians. If a family member/guardian did not attend the annual meeting, the case manager mailed the survey and instruction sheet to the household. Surveys and instruction sheets were provided in Spanish as needed. All surveys were completed in privacy and not in the presence of case managers or other CSB staff. Respondents mailed the completed surveys directly to the Office of Mental Retardation in the provided post-paid return envelope.

Due to the manner in which the survey was distributed, it is difficult to identify the exact number of surveys disseminated. It is estimated that 10,159 surveys were handed out, which is roughly 1,000 more than the previous year. This number represents the number of adults under active case management. This year, 1,251 useable surveys were returned for a response rate of approximately 12.31%, which is close to the response rate in 2005.

Thirty-seven of the forty CSBs had at least one parent/guardian return a survey. For statewide representative sample at the 95% confidence level with a 5% confidence interval, at least 376 surveys were needed. The number of surveys returned from CSBs ranged from 2 to 97. Table 1 presents the number of surveys returned by respondents from each CSB, the percent of the sample this represents, the approximate number of adults receiving case management services (the number of surveys distributed), and the return rate for each CSB.

TABLE 1: Survey Responses by CSB

Community Service Board Provider	Surveys Returned	% Of Sample	# Active CM	Rate of Return
Alexandria CSB	27	2.2%	105	25.7%
Alleghany Highlands CSB	4	0.3%	45	8.9%
Arlington CSB	19	1.5%	151	12.6%
Blue Ridge Behavioral Healthcare	48	3.8%	452	10.6%
Central Virginia CSB	23	1.8%	468	4.9%
Chesapeake CSB	31	2.5%	253	12.3%
Chesterfield CSB	17	1.3%	450	3.8%
Colonial Services Board	12	0.9%	132	9.0%
Crossroads Services Board	13	1.0%	137	9.5%
Cumberland Mountain CSB	35	2.8%	88	39.8%
Danville-Pittsylvania CSB	20	1.6%	238	8.4%
Dickenson County CSB	2	0.2%	21	9.5%
District 19 CSB	0	0%	245	0
Eastern Shore CSB	31	2.5%	130	23.8%
Fairfax-Falls Church CSB	96	7.7%	804	11.9%

Community Service Board Provider	Surveys Returned	% Of Sample	# Active CM	Rate of Return
Goochland-Powhatan CSB	6	0.5%	45	13.3%
Hampton-Newport News CSB	55	4.4%	480	11.5%
Hanover County CSB	12	0.9%	175	6.9%
Harrisonburg-Rockingham CSB	55	4.4%	204	27.0%
Henrico Area MH & MR Services	51	4.1%	545	9.4%
Highlands Community Services	23	2.0%	122	18.9%
Loudoun County CSB	25	2.0%	94	26.6%
Middle Peninsula-Northern Neck CSB	0	0%	216	0
Mount Rogers CSB	37	3.0%	212	17.5%
New River Valley Community Services	0	0%	129	0
Norfolk CSB	60	4.8%	381	15.7%
Northwestern Community Services	30	2.7%	306	9.8%
Piedmont Community Services	31	2.5%	267	11.6%
Planning District One CSB	18	1.4%	183	9.8%
Portsmouth Dept. of Behavioral Healthcare Services	38	3.0%	202	18.8%
Prince William County CSB	25	2.0%	284	8.8%
Rappahannock-Area CSB	32	2.6%	300	10.7%
Rappahannock-Rapidan CSB	22	1.8%	155	14.2%
Region Ten CSB	46	3.7%	267	17.2%
Richmond Behavioral Health Authority	56	4.5%	584	9.6%
Rockbridge Area CSB	26	2.1%	86	30.2%
Southside CSB	37	3.0%	209	17.7%
Valley CSB	59	4.7%	244	24.2%
Virginia Beach Dept. of MH/MR/SAS	97	7.8%	621	15.6%
Western Tidewater CSB	31	2.5%	234	13.2%
Total	1,251	100%	10,159	N/A

IV. RESULTS

A. Consumer/Family Characteristics

The survey included a few demographic questions about the focus person's gender, race, and age. Despite the sample size, it was still statistically high enough for the sample to be representative of adults with intellectual disabilities, who receive case management services and at least one other service from a CSB across the state. The error of margin is +/- .05 points.

Of the sample, 54.8% of the focus persons were male, 68.7% were White, Non-Hispanic, and 24.3% were African-American, Non-Hispanic. Approximately 58% of the individuals completing the survey were between 23 and 59 years of age.

A parent of the focus person completed 62.8% of the surveys, 17.5% were completed by a sibling, and 7.2% of the surveys were completed by a Service Provider. About 55.9% percent indicated that they saw the focus person on a daily basis and 14.5% said they saw the person about once a week. The number of response and percentage of samples for each demographic and categorical question is displayed in Table 2.

TABLE 2: Results of Demographic and Categorical Questions

Characteristics of the Sample	Count	Percentage of Sample
Race		
<i>White Non-Hispanic</i>	793	68.7 %
<i>African American, Non-Hispanic</i>	281	24.3 %
<i>Asian or Pacific Islander</i>	24	2.1 %
<i>Alaskan Native</i>	25	2.2 %
<i>American Indian</i>	8	0.7 %
<i>Hispanic</i>	24	2.1 %
<i>Other</i>	3	0.2 %
Total	1,155	100 %
Gender		
<i>Male</i>	638	54.9 %
<i>Female</i>	525	45.1 %
Total	1,163	100 %
Does the focus person have Medicaid?		
<i>Yes</i>	888	93.1%
<i>No</i>	66	6.9%
Total	954	100 %
Age		
<i>Under 18*</i>	13	1.1 %
<i>18 – 22</i>	34	2.8 %
<i>23 – 59</i>	720	58.3 %
<i>60 – 64</i>	166	13.4 %
<i>65 – 74</i>	188	15.2 %
<i>75 +</i>	114	9.2 %
Total	1,235	100 %
How often do you see the person with MR?		
<i>Daily</i>	677	55.9 %
<i>Once a week</i>	175	14.5 %
<i>Once a month</i>	17	1.4 %
<i>A few times a year</i>	221	18.2 %

Characteristics of the Sample	Count	Percentage of Sample
<i>Once per year</i>	111	9.2 %
<i>Less than once per year</i>	10	0.8 %
Total	1,211	100 %
Relationship to the person with MR		
<i>Parent</i>	764	62.8 %
<i>Sibling</i>	213	17.5 %
<i>Spouse</i>	8	0.7 %
<i>Aunt/Uncle/Grandparent</i>	45	3.7 %
<i>Provider</i>	88	7.2 %
<i>Other</i>	98	8.1 %
Total	1,216	100 %

* Although this category is listed on the survey, these responses were eliminated from the overall data analysis, as it is a survey of adult consumers.

B. Additional Descriptive Data

Additional descriptive questions on the survey asked about the living situation and employment status of the focus person. A large percentage of respondents (87%) indicated that the focus person has not moved in the last year. Slightly less than 10% said the focus person had changed living arrangements once, and less than 2.5% said the focus person had moved two or more times. These statistics seem to be a sign of high levels of residential stability for the focus persons in this sample. In addition, these rates have changed little from year to year, providing further support for the perception that few adults with MR are moving in any given year.

The employment status of a person with intellectual disabilities is thought to be correlated with level of functioning, rather than reflecting the quality of services they receive. In this sample, an estimated 40% of the focus persons were employed, with over 30% having retained the same job for 13 months or more, and nearly 27% having been at the same job for two or more years. Complete data on employment status and the focus person's living situation are below in Table 3.

The survey also asked about the type of services received by the focus person. Respondents were instructed to select all that apply from among these choices: residential, employment, day support, respite, personal care and other. Case management was not included, because to be eligible for the survey, focus persons must receive case management services. There were over 70 different service combinations received by focus persons in the last year. The top services received included *only* day support services (10%; n = 125), the combination of residential and day support services (9.7%; n = 121), and *only* employment services (9.1%; n = 114). A little more than 35% of the sample received one service, 36% received two services, and 18% received a combination of three services. One notable difference from 2005 was the drop in receipt of respite care services. Last year, nearly 17% of the sample received respite care alone

or in addition to employment services. In 2006, this dropped to only 3%. It is possible this represents a decrease in funding for respite care programs across the state.

TABLE 3: Stability of Living Situation and Employment Status

Questions	Count	Percent
How many times has their living situation changed in the last year?		
<i>None</i>	1,041	87.0%
<i>Once</i>	128	9.9%
<i>Twice</i>	25	2.1%
<i>Three times</i>	5	0.4%
<i>Four or more times</i>	7	0.6%
Total	1,196	100%
How long has the person with MR been employed?		
<i>Less than 6 months</i>	59	5.3%
<i>6-12 months</i>	50	4.5%
<i>13-24 months</i>	39	3.5%
<i>Over 2 years</i>	306	27.5%
<i>Not employed</i>	660	59.2%
Total	1,114	100%

C. Domain Outcomes

In 2002, the first year of the survey's implementation, factor analysis was run to determine the presence of any subscales that could be used for better data analysis. Factor analysis identified five domains, which were subsequently named:

- Family Involvement.
- Case Management Services
- Choice and Access
- Healthy and Safe Environment
- Service Reliability

In order to transform the individual questions into the necessary domain variable (or index variable) several steps were necessary. First, the questions were grouped into their proper domain and then recoded to reflect the original response categories: 1 (Yes/Mostly), 2 (Somewhat), and 3 (No, not at all). Then, individual questions and the five domains were recoded again, such that a “% Agree” score was calculated by adding the “Yes/Mostly” and “Somewhat” responses together into a value of 1. Likewise, a “% Disagree” category was created by recoding the “No, not at all” answers into a value of 2. The average score for each question or domain will have a range of 1.00 – 3.00, with a 1.00 corresponding to a better score and indicating higher levels of satisfaction. Categories for “don’t know” and “does not apply” were also given on the survey, but

these frequencies were treated as missing data because they could not be accurately reflected in the average.

As domains are comprised of several questions, even one missing or invalid answer for one of the questions, will result in that whole case's exclusion in the domain. This year, a lot of "don't knows," or missing data, was observed in the questions that make up the Choice and Access domain and resulted in a low count of only 219 responses. This does not invalidate the results, but is worth considering when comparing this score to past year's or to other domain scores. Additionally, due to the presence of more data, averages and percent satisfied on individual questions will often differ from the average and percent satisfied on the corresponding domain score.

1. Family Involvement:

In 2006, this domain had an overall average score of 1.56 and a 90.1% satisfaction rate. This year's satisfaction rate is better than last year's rate of 82%.

The six individual questions in this domain had mean scores ranging from 1.17 (most satisfied) to 2.29 (least satisfied). Percent satisfied ranged from 42.4% to 97.7%. The results on the individual questions in the domain were similar to those found in 2005.

2. Case Management Services:

The domain had an average score of 1.17 and a 98.8% satisfaction rate. High levels of satisfaction were reported on all three of the individual questions in the domain, with means between 1.12 (most satisfied) to 1.27 (least satisfied). The satisfaction rate ranged from 94.8% - 98.4%. The means and percentage of satisfied responders were similar in 2006 and 2005. This signifies continued family member satisfaction with case management services.

3. Choice and Access:

There are eight questions in the Choice and Access domain. Due to a high concentration of "don't know" answers (or missing data) in these fields, the resulting count is quite low for this domain. However, it is still usable and possible to make comparisons with it. The domain had a mean score of 1.48 and a 95.9% satisfaction rate. The mean scores of the individual question ranged from 1.21 (most satisfaction) to 2.01 (least satisfaction) and the satisfaction rate was between 62.1% and 96.3%.

In comparison to last year, there was a noticeable decline in the percentage of responders satisfied with the services and supports received by the focus person. It dropped from 97.9% (in 2005) to 80.9% in 2006. There was also a decrease in the percentage of responders satisfied with staff helping the focus person get support in the community. This dropped to 83.3% from 88.7% in 2005. The remaining six questions in the Choice and Access domain were similar to the 2005 survey results.

4. Healthy and Safe Environment:

Only two questions made up this domain, one asked about the focus person's living environment, the other asked about the place the focus person stays during the day. The domain average was an excellent mean score of 1.07 and a 99.1% satisfaction rate, the highest of all the domains. This indicates that almost all the respondents considered the environment where the focus person went during the day, as well as the person's place of residence, to be healthy and safe environments.

5. Service Reliability:

Service Reliability has traditionally been the area of least satisfaction and 2006 was no exception. The domain mean was a 2.56, and the percentage of responders reporting satisfaction was 38.6%. There are four questions that make up this domain, and their means ranged from 2.42 – 2.67. The rate of satisfaction ranged from 26.5% to 46.7%. These low levels of satisfaction seem to signify that staff turnover is a problem for most people, regardless of whether it is case managers, support staff, etc.

The mean, standard deviation scores, and the number of valid responses for each question are below in Table 4. The mean scale ranges from 1.00 – 3.00, with lower mean scores representing greater satisfaction. For comparison purposes, the data from the past two years has also been included. However, as several questions were reworded, omitted, or added to the 2005 survey, it is difficult to compare both 2005 and 2006's data to past years'. These questions are indicated with an asterisk and are only compared across time when applicable. A second table, Table 5, displays information on the five domains.

TABLE 4: Data on Indicator Questions Grouped by Domain

1. FAMILY INVOLVEMENT DOMAIN	% Agree	% Dis-agree	Mean	Stand. Dev.	Count
Over the past year, have the services provided to the person with MR helped to relieve stress on you family?					
2006	93.6%	6.4%	1.43	3.40	1,070
2005	92.1%	7.9%	1.38	0.63	1,008
2004	89.3%	10.7%	1.42	0.60	1,318
Did you help participate in the development of the person's yearly plan?					
2006	93.6%	6.4%	1.23	0.55	1,138
2005	92.9%	7.1%	1.30	0.59	1,074
2004	88.7%	11.3%	1.47	0.69	1,421
Do you help choose the agencies or providers that serve the person with MR?					
2006	75.5%	24.5%	1.66	0.85	1,036
2005	77.3%	22.7%	1.64	0.83	1,007
2004	75.1%	24.9%	1.69	0.84	1,363

Do you help choose the support staff that work directly with the person with MR?					
2006	42.4%	57.6%	2.29	0.88	947
2005	46.3%	53.7%	2.23	0.89	1,029
2004	38.7%	61.3%	2.38	0.84	1,318
Does staff talk to you about different ways to meet your family needs?					
2006	87.6%	12.4%	1.56	0.70	1,050
2005	87.0%	13.0%	1.57	0.71	986
2004	87.0%	13.0%	1.56	0.71	1,366
Does staff respect your family's choices and opinions?					
2006	97.7%	2.3%	1.17	0.43	1,119
2005	97.6%	2.4%	1.19	0.45	1,020
2004	98.1%	1.9%	1.19	0.44	1,414
2. CASE MANAGEMENT DOMAIN	% Agree	% Dis-Agree	Mean	Std. Dev.	Count
Did you get enough information to help you participate in planning services for the person with MR?					
2006	94.8%	5.2%	1.27	0.55	1,145
2005	94.7%	5.3%	1.27	0.55	1,096
2004	96.6%	3.4%	1.26	0.51	1,465
Can you contact the case manager whenever you want to and get a response within a reasonable time?					
2006	98.8%	1.2%	1.12	0.36	1,195
2005*	97.4%	2.6%	1.15	0.43	1,136
When you ask the case manager for assistance, does he/she help you to get what you need in a timely manner?					
2006	98.4%	1.6%	1.13	0.38	1,169
2005*	96.7%	3.3%	1.17	0.45	1,136
3. CHOICE AND ACCESS DOMAIN	% Agree	% Dis-Agree	Mean	Std. Dev.	Count
If the person with MR does not speak English, or uses a different method of communication, do you feel there is enough staff available to communicate with him/her?					
2006	94.7%	5.3%	1.29	0.56	601
2005	96.4%	3.6%	1.28	0.52	644
2004	94.7%	5.3%	1.30	0.56	756
Do you feel that the person with MR has access to the special equipment or accommodations that he/she needs?					
2006	95.9%	4.1%	1.21	0.50	748
2005	94.9%	5.1%	1.25	0.54	810
2004	94.9%	5.1%	2.25	0.54	940
Do you feel that supports and services are available for the person with MR when needed?					
2006	96.3%	3.7%	1.27	0.52	1,222
2005	96.7%	3.3%	1.27	0.51	1,281
2004	96.6%	3.4%	1.27	0.52	1,461
Overall, are you satisfied with the services and supports the person with MR currently receives?					
2006	80.9%	19.1%	1.79	0.75	1,164
2005	97.9%	2.1%	1.23	0.47	1,306
2004	96.2%	3.8%	1.24	0.51	1,462
If you or the person with MR ever asked for the CSB's assistance in an emergency or crisis, was help provided					

right away?						
	2006	86.2%	13.8%	1.41	0.72	767
	2005	88.7%	11.3%	1.36	0.68	691
	2004	93.9%	6.1%	1.28	0.57	960
Does staff help the person with MR get support in the community?						
	2006	83.3%	16.7%	1.60	0.76	1,034
	2005	89.4%	10.6%	1.44	0.68	1,015
	2004	88.6%	11.4%	1.47	0.69	1,271
Are there enough agencies that provide services to people with MR in your area so that may choose one in addition to your local CSB?						
	2006	62.1%	37.9%	2.01	0.88	946
	2005	59.7%	40.3%	2.04	0.88	740
	2004	61.0%	39.0%	2.01	0.88	1,027
Are you satisfied with the way complaints about services are handled?						
	2006	95.4%	4.6%	1.29	0.55	1,008
	2005	93.8%	6.2%	1.39	0.60	900
	2004	93.3%	6.7%	1.37	0.61	1,202
4. HEALTHY and SAFE ENVIRONMENT DOMAIN		% Agree	% Dis-Agree	Mean	Std. Dev.	Count
Do you feel that where the person goes during the day is a healthy and safe environment?						
	2006	99.7%	0.3%	1.07	0.26	1,161
	2005	99.1%	0.9%	1.09	0.32	1,239
	2004	99.6%	0.4%	1.09	0.30	1,382
Do you feel that where the person lives is a healthy and safe environment?						
	2006	99.4%	0.6%	1.08	0.29	1,225
	2005	99.0%	1.0%	1.09	0.31	1,243
	2004	99.7%	0.3%	1.08	0.28	1,458
5. SERVICE RELIABILITY		% Agree	% Dis-Agree	Mean	Std. Dev.	Count
Frequent changes in staff that work directly with the person with MR have been a problem.						
	2006	46.7%	53.3%	2.42	0.68	1,083
	2005	45.0%	55.0%	2.37	0.77	1,121
	2004	82.1%	17.9%	1.68	0.76	1,282
Frequent changes in case managers have been a problem.						
	2006	26.5%	73.5%	2.67	0.60	1,008
	2005	28.4%	70.6%	2.58	0.72	981
	2004	13.7%	86.3%	1.45	0.63	1,206
Frequent changes in residential, respite, or personal care staff have been a problem. (Question on survey was a negative indicator and values were reversed for analysis)						
	2006	35.5%	64.5%	2.55	0.67	851
	2005*	30.8%	69.2%	1.77	0.89	1,029
Frequent changes in day support/employment staff have been a problem. (Question on survey was a negative indicator and values were reversed for analysis)						
	2006	31.3%	64.5%	2.59	0.67	945
	2005*	29.4%	70.6%	2.60	0.68	858
MISCELLANEOUS QUESTION		% Agree	% Dis-Agree	Mean	Std. Dev.	Count

Do you feel that services provided to the person with MR have helped him/her reach planned goals over the past year?	75.4%	24.6%	1.77	0.84	930
2006	95.9%	4.1%	1.38	0.56	1,276
2005	96.3%	3.7%	1.38	0.56	1,425
2004					

* These items were reworded, or changed, in 2005 and the data could not be accurately compared to previous years.

TABLE 5: Statistics and Percentage of Satisfied Respondents on Domains

Domain:	Count	Mean Score	Standard Deviation	Overall % Satisfied
Healthy and Safe Environment	1,144	1.07	0.09	99.1%
Choice and Access to Services	219	1.48	0.20	95.9%
Family Involvement	746	1.56	0.30	90.1%
Case Management Services	1,207	1.17	0.11	98.8%
Service Reliability	690	2.56	0.49	38.6%

D. Quality of Life

The survey included two quality of life questions designed to gauge the focus person's overall progress. The questions had a 3-point Likert scale, where 1 represented "better than expected of better off this year," 2 "same as expected or same as last year," and 3 was "not as good as expected or worse than last year." Slightly less than half, 46.3%, felt that the focus person was better off than last year. Close to 39% felt that the person's progress was better than expected. Only a small percentage of people felt the focus person was worse off than the previous year or had not progressed as much as expected. All of these percentages are on a par with previous years'. Descriptive statistics are displayed below in Table 6. Also included is the percentage of people who thought the focus person was the same as last year or progressed the same as expected.

TABLE 6: Quality of Life Data

QUALITY of LIFE QUESTIONS	% Better Off or Better than	% Same As	% Not as good or Worse off	Mean*	Std. Dev	Count
Overall, do you feel that the person with MR is better off than, the same as, or worse off than last year?						
2006	46.3%	49.1%	4.7%	1.58	0.58	1,200
2005	47.0%	46.7%	6.3%	1.59	0.61	1,078
2004	48.8%	45.6%	5.6%	1.57	0.60	1,477
Overall, do you feel that the person with MR's progress has been better than expected, the same as expected, or						

not as good as expected?		38.6%	54.3%	7.1%	1.69	0.60	1,194
	2006	36.7%	54.6%	8.7%	1.72	0.61	1,058
	2005	37.7%	54.8%	7.5%	1.70	0.60	1,484
	2004						

* The mean ranges from 1.00 – 3.00, with a lower score representing a more positive response

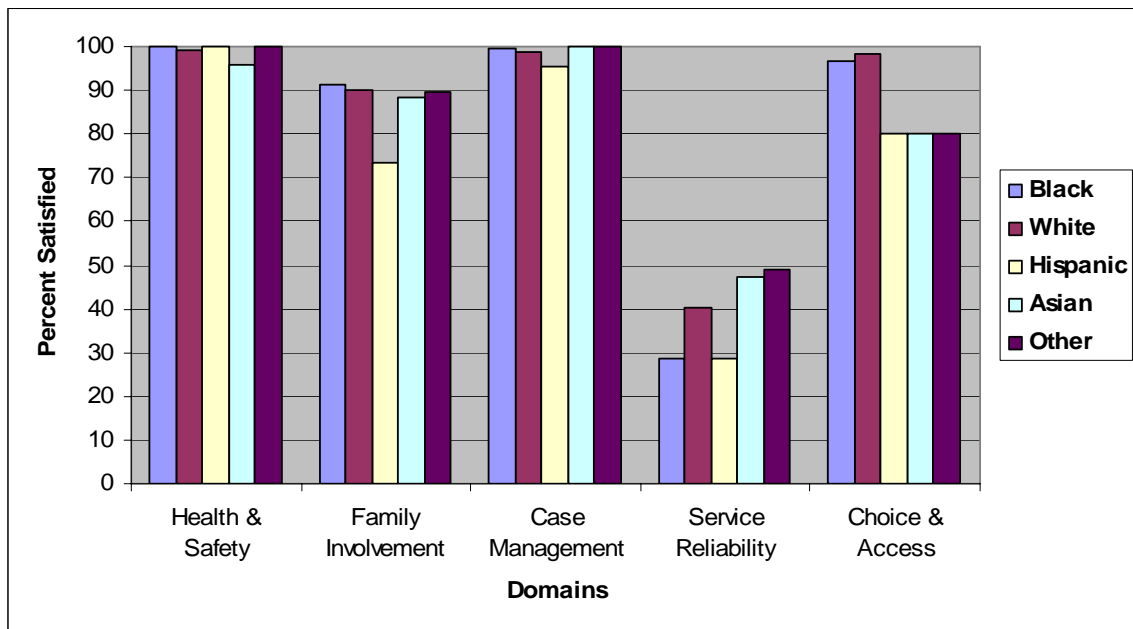
E. Demographics and Domain Satisfaction

To analyze domain satisfaction across different demographic distinctions, the cross-tab function was used to run data on race/ethnicity, age, and Health Planning Regions. In general, there was not much variation in the percent satisfied on any of the five domains across demographics.

Domain Satisfaction by Race/Ethnic Variable:

For ease in analysis, the categories of “Alaskan Native,” and “American Indian” were collapsed into an “other” category. Out of the three demographic variables analyzed by domain, race seemed to show the most range in satisfaction levels. Of particular note, is that Hispanics and Asians showed the least satisfaction in the Choice & Access domain, perhaps as a result of language or cultural barriers. There was also some notable variation in satisfaction in the Service Reliability domain. African-Americans and Hispanics were the least satisfied at an average rate around 28%. Caucasians expressed an average satisfaction rate of around 41%, whereas Asians and “other” were both around 48% satisfied.

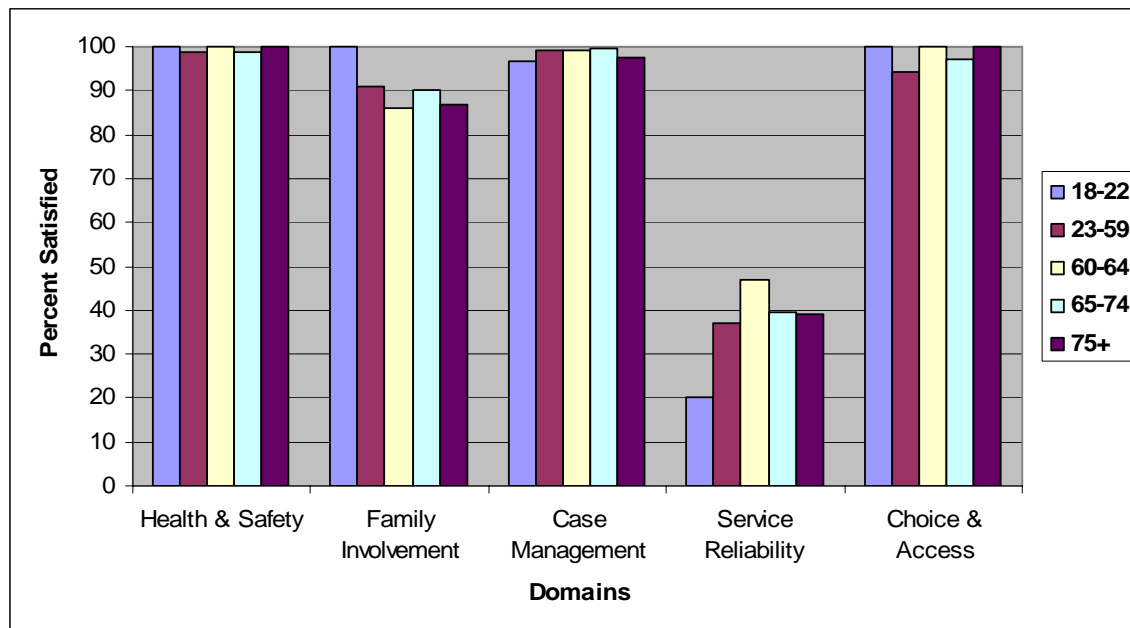
FIGURE 1: Domain Satisfaction by Race/Ethnic Identity



Domain Satisfaction by Age Variable:

There was little change in domain satisfaction rates expressed between focus persons of different ages. In the Family Involvement domain, responders ages 18-22 expressed higher levels of satisfaction than the other age groups. However, this same age group was the least satisfied on the Service Reliability domain. Focus persons, age 23-59 and 65-74, were slightly less satisfied on the Choice and Access domain when compared to their counterparts.

FIGURE 2: Domain Satisfaction by Age Range



Domain Satisfaction by Health Planning Region

In previous years, the CSB regions have been clustered together based on previous literature input from CSB representatives and consumer advocates. Some of the criteria used included such things as the budget of the CSB, the percentage of persons living in poverty, and the unemployment rate in the CSB catchment's area. This year, the CSBs were clustered by Health Planning Region (HPR), which are five geographic regions recognized by DMRMHSAS and the CSBs themselves. It was determined that this is a better strategy for analysis, as the groupings will not change from year to year. Additionally, there is a move for CSBs to work within their HPR to provide better services to consumers.

HPR 1: Central Virginia CSB, Harrisonburg-Rockingham CSB, Northwestern CSB, Rappahannock Area CSB, Rappahannock-Rapidan CSB, Region Ten CSB, Rockbridge Area CSB, Valley CSB

HPR 2: Alexandria CSB, Arlington CSB, Fairfax-Falls Church CSB, Loudoun County CSB, Prince William County CSB

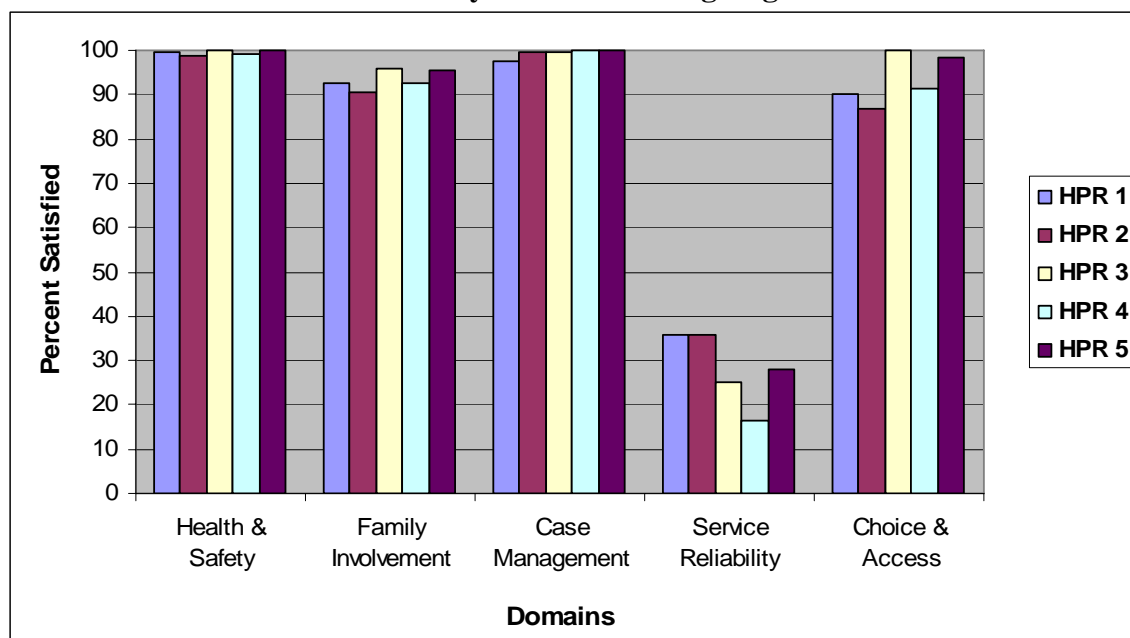
HPR 3: Alleghany-Highlands CSB, Cumberland Mountain CSB, Danville-Pittsylvania CSB, Dickenson CSB, Highlands CSB, Mount Rogers CSB, New River Valley CSB, Piedmont CSB, Planning District 1 CSB, Blue Ridge Behavioral Health Authority

HPR 4: Chesterfield CSB, Crossroads CSB, Goochland-Powhatan CSB, Hanover County CSB, Henrico Area MH & MR Services, Planning District 19 CSB, Richmond Behavioral Health Authority, Southside CSB

HPR 5: Chesapeake CSB, Colonial MR & MR Services, Eastern Shore CSB, Hampton-Newport News CSB, Middle Peninsula-Northern Neck CSB, Norfolk CSB, Portsmouth, Virginia Beach CSB, Western Tidewater CSB

There was little exhibited variation among Health Planning Regions and their satisfaction on the five domains. HPR 4 showed the least amount of satisfaction in the Service Reliability domain at a rate of 16%. HPR 3 and 5 were both around 26% satisfied, while focus persons in HPR 1 and 2 were 35% satisfied in this domain. The Choice & Access domain showed some difference among regional satisfaction. HPR 1 and 4 were at or slightly below 90% satisfied, HPR 2 had a rate of approximately 86% satisfied, and HPRs 3 and 5 were the highest with almost 100% satisfied in each region.

FIGURE 3: Domain Satisfaction by Health Planning Region



V. IMPLICATIONS AND RECOMMENDATIONS

Conclusions:

Overall, the results from this year's survey were similar to the previous year. This seems to signify that the quality of services and service delivery remains constant over time.

The Case Management domain continued to have high satisfaction, with the percent satisfied ranging from 94.8% to 98.8% on the indicator questions. Respondents are reporting that they are able to get in touch with the case managers when they need too, the case managers are assisting family members when requested, and case managers are providing information to the family members. CSBs should continue to support their case managers and acknowledge the excellent job they are doing.

However, service reliability is an area of low satisfaction. Respondents are continuing to voice their concerns and dissatisfaction regarding staff turnover and changes. Efforts need to be made to ensure more long-term employment and consistency in the focus person's delivery of services. This is important as family members in this sample are telling us they are highly satisfied with the job the case managers are doing.

Quality of life data was similar to last year's results. There was, however, a decrease in the percentage of responders who felt satisfied that the services provided to the focus person have helped him/her reach planned goals over the past year. This fell from 95.9% satisfied in 2005 to 75.4% in this year. This may be an area of exploration for ways to improve helping the focus person reach his goals.

There are some "behind the scenes" issues that are not touched upon in this survey and may have an indirect impact on the answers given. One thing that might affect the respondents' answers are their own level of involvement in the focus person's life. It is conceivable the main caregiver did not fill out the survey but may have passed it off to another family member who is not as aware of the focus person's services and goals. This issue should be taken into consideration when studying the survey results.

Dissemination Method:

The survey form for the 2006 MR Services Family Survey was distributed in the same fashion as the previous years' surveys. Forty separate forms were created, one for each CSB, with the CSB ID number and name preprinted on the first page. Each CSB received copies of their specific form and were instructed to distribute them to the targeted respondents at the annual meeting for the individual. However, it is recommended that an alternative method be employed to try and reach more respondents. The response rate has dropped in the last two years and will likely continue to do so. It is suggested that an e-mail version be created and sent to the parents/guardians of the focus person in addition to passing the forms out at the annual planning meeting. Other options are to stress the

survey's importance to the CSB's directors so that they can discuss disseminating the survey with their staff. It is thought that if staff members become more knowledgeable of the importance of completing and returning the surveys, then they will communicate this to the targeted respondents.

Limitations and Recommendations:

The data was analyzed at the state level and serves only as a reflection of trends across Virginia in the year 2006. These findings are based on the limitations discussed in the Executive Summary, which prevent conclusive interpretations of the findings. The results of this survey reflect the perceptions of only those family members/guardians who had a family member with intellectual disabilities with active case management, and who chose to complete the survey. It is conceivable that some adults with intellectual disabilities are receiving services that do not include case management, and therefore these individuals were not included in the sample. These results cannot be generalized to this population, although the inclusion of any adult receiving CSB services could be an option for future studies.

It is also suggested that the instrument itself be reworked and follow a more standard 1 to 5 Likert scale format, where 1 represents "strongly disagree" or "strongly dissatisfied." The expansion of response categories might yield richer and more meaningful data. Additionally, the current method of adding together two response categories (Yes mostly, and Somewhat) into the "Percent Agree" will naturally yield a higher percent than that of the one response category (No not at all) that makes up "Percent Disagree." Although these changes will make past year-to-year comparisons difficult, it should be considered a necessary improvement to the survey, especially if NCI comparisons are no longer being used.

Despite these points, the survey clearly contributes to a greater understanding of family member/guardian perceptions about the mental retardation services received by the focus person. The survey's findings continue to be important contributions to identifying areas of improvement for the CSBs and the population they serve.

VI. APPENDIX



48181

**MENTAL RETARDATION SERVICES
FAMILY SATISFACTION SURVEY 2007
Alexandria Community Services Board**

Please answer each question by completely filling in the circle that best represents your situation. Please choose only ONE response for each question.

CASE MANAGER:

Does the person have Medicaid?

☐ Yes ☐ No

Shade Circles Like This--> ●

Not Like This-->  

CSB Code 0 1 2 3 4 5 6 7 8 9



1. What is your age (the age of the person filling out the survey)?

- ☐ Under 18 ☐ 18-22 ☐ 23-59
☐ 60-64 ☐ 65-74 ☐ 75+

2. What is the race of the person with mental retardation?

- ☐ Alaskan Native
☐ Asian
☐ White, Non-Hispanic
☐ American Indian
☐ Black/African American, Non-Hispanic
☐ Hispanic
☐ Native Hawaiian or other Pacific Islander
☐ Other

3. About how often do you see the person with mental retardation?

- ☐ Daily ☐ Once/month ☐ Once/year
☐ Once/week ☐ A few times a year ☐ Less than once/year

4. What is your relationship to the person with mental retardation?

- ☐ Parent (biological or adoptive) ☐ Brother/Sister ☐ Aunt, uncle or grandparent
☐ Husband/Wife ☐ Provider ☐ Other

5. What is the gender of the person with mental retardation?

- ☐ Male ☐ Female

6. With whom does the person with mental retardation live?

- ☐ A family member ☐ Out of the family home (i.e. group home or supervised apt.)

Please fill in ONE circle for each question below that best describes your opinion about mental retardation services. Choose only ONE answer.	Always or Usually 1	Some- times 2	Seldom or Never 3	Does Not Apply 9
1. Do you feel that where the person goes during the day is a healthy and safe environment?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Do you feel that where the person with mental retardation lives is a healthy and safe environment?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. If the person with mental retardation does not speak English or uses a different way to communicate, (ex. sign language or communication board), do you feel that there are enough staff available who can communicate with him/her?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Do you feel that the person with mental retardation has access to the special equipment or accommodations that he/she needs (ex. wheelchairs, ramps, communication boards)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Do you feel that supports and services are available for the person with mental retardation when needed?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Do you or your family member want to have control and /or input over the hiring and management of your support workers?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Does your family member participate in community activities?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Have frequent changes in staff who work directly with the person with mental retardation been a problem?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Go to next side to complete survey



48181

MENTAL RETARDATION FAMILY SURVEY

Page two

Please fill in ONE circle for each question below that best describes your opinion about the mental retardation services you and/or your family member received. Choose only ONE answer.	Always or Usually 1	Some- times 2	Seldom or Never 3	Does Not Apply 9
9. If you or the person with mental retardation ever asked for the CSB's assistance in an emergency or crisis, was help provided right away?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Do staff help the person with mental retardation get supports in the community, such as services offered through recreation departments or churches?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11 a. Have frequent changes in case managers been a problem?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11 b. Have frequent changes in residential, respite or personal care staff been a problem?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11 c. Have frequent changes in day support/employment staff been a problem?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Over the past year, have the services provided to the person with mental retardation helped to relieve stress on your family?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Did you get enough information to help you participate in planning services for the person with mental retardation?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Did you participate in the development of this person's yearly plan?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Can you contact the case manager whenever you want to and get a response within a reasonable time?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. When you ask the case manager for assistance, does he/she help you to get what you need or give you information in a timely manner?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Do you help choose the <u>agencies or providers</u> that support the person with mental retardation?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. Do you help choose the <u>support staff</u> that work directly with the person with mental retardation?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. Do staff talk to you about different ways to meet your family's needs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. Do staff respect your family's choices and opinions?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. Are there enough agencies that provide services to people with mental retardation in your area so that you may choose one in addition to your local community services board?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. Are you satisfied with the way complaints about services are handled?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

23. What services does the person with mental retardation receive in addition to case management (Select all that apply)

☐ Residential ☐ Employment ☐ Day Support ☐ Respite ☐ Personal Care ☐ Other

23 a. If employed, how long has the person with mental retardation been employed at current job?

☐ Less than 6 months ☐ 6-12 months ☐ 13-24 months ☐ Over 2 years ☐ Not employed

24. How often has the person with mental retardation changed living situations in the past year.

☐ None ☐ Once ☐ Twice ☐ Three times ☐ Four or more times

25. Overall, do you feel that the person with mental retardation is better off this year than last year, the same as last year, or worse than last year (behavior, attitude, happiness)?

☐ Better off this year ☐ The same as last year ☐ Worse than last year

26. Overall, do you feel that the person with mental retardation's progress has been better than expected, same as expected or not as good as expected?

☐ Better than expected ☐ Same as expected ☐ Not as good as expected

Thank you. Please return in the enclosed, pre-paid envelope.